



Opening a NEW IRP Account

INSTRUCTION SHEET

Below is a list of forms and documents required to open a new IRP account:

- A utility bill with the name and physical address of the registrant or account holder.
- Two forms of Proof of Residency
- West Virginia Application for Title (DMV-1-IRP)(2290 from the IRS, if already titled in the name of your company and over 55,000 pounds)
- If FOR HIRE CARRIER: Copy of lease
- If EXEMPT: Form 4 (PSC)
- Proof of insurance
- DOT Number
- WV Business License
- A copy of registrant's articles of incorporation on file in West Virginia
- Signed affidavits of record keeping and renewal/cancel procedures in office
- **Arrive at the IRP office prior to 2pm**



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

Motor Carrier Services Office

5707 MacCorkle Avenue, Southeast

Post Office Box 17900

Charleston, West Virginia 25317 • (304) 926-3905

TDD (800) 742-6991 • (800) 642-9066

WEST VIRGINIA PROOF OF RESIDENCY

The International Registration Plan requires members to verify residency and the established place of business for all motor carriers registered in their jurisdiction.

The definition for "Established Place of Business" is as follows:

- A physical structure owned or leased by the fleet Applicant or Registrant
- The physical structure shall be designated by a street number or road location and be open during normal business hours by one or more persons employed by the Applicant or Registrant on a permanent basis for the purpose of general management of the trucking related business.
- The Applicant or Registrant need not have land line telephone service at the physical structure.
- The operational records concerning the fleet shall be maintained at this physical structure or be made available in accordance with the provisions of Section 1020 of the Plan.

In order to provide proof of residency, the Applicant or Registrant may be required to submit three (3) of the following items:

- A copy of the telephone bill showing place of residency at the physical location of the Applicant or Registrant
- The lease contract of the building housing the office listed as part of the physical location of the Applicant or Registrant
- A copy of the receipt of real estate taxes paid in the State of West Virginia by the Applicant or Registrant for the year in which the application is being made and/or the immediate year prior to registration.
- A valid West Virginia Commercial Driver's License or valid West Virginia Driver's License
- Current utility bill showing place of residency at the physical location on the IRP application
- A copy of the Applicant or Registrant's West Virginia Business License
- A copy of the Applicant or Registrant's Articles of Incorporation on file in WV
- A copy of Applicant or Registrant's personal income tax return



WEST VIRGINIA APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) CREDENTIALS



REGISTRATION INFORMATION			
BUSINESS LEGAL NAME			
TRADE/DBA NAME If different than Legal Name.			
BUSINESS PHYSICAL ADDRESS Cannot be P.O. Box Number.			
BUSINESS MAILING ADDRESS If different than physical address.			
CONTACT PERSON'S NAME			
FEIN OR SSN			
US DOT NUMBER		IRP NUMBER	
TYPE OF OWNERSHIP Please Check Box.	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Sole Proprietorship
LIST NAMES AND ADDRESS FOR ALL PARTNERS OR PRINCIPAL OFFICERS Attach additional page if necessary.			
NAME / TITLE	SSN	ADDRESS	PHONE NUMBER
REQUEST FOR DECALS Two (2) identically numbered IFTA decals are required for each qualified motor vehicle operated.			
NUMBER OF QUALIFIED MOTOR VEHICLES REQUIRING DECAL _____ X \$5.00/SET = _____ .00			
DO YOU MAINTAIN BULK FUEL STORAGE? If yes, please list jurisdiction(s)	YES _____ NO _____		
HAVE YOU EVER BEEN ISSUED AN IFTA LICENSE BY ANOTHER IFTA JURISDICTION? If yes, please list jurisdiction(s)	YES _____ NO _____		
SIGN APPLICATION			
The applicant agrees to comply with the reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member states.			
Decals shall be removed from vehicles and returned when a carrier ceases business, requests cancellation, or when the decal has been revoked.			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.			
<input type="checkbox"/> CHECKING THIS BOX INDICATES WAIVER OF MY/OUR RIGHTS OF CONFIDENTIALITY FOR THE PURPOSE OF CONTACTING THE PREPARER REGARDING THIS APPLICATION.			
SIGNATURE OF APPLICANT	PRINTED NAME	TELEPHONE NUMBER	DATE

MAKE CHECK PAYABLE AND MAIL TO: WV DIVISION OF MOTOR VEHICLES - Motor Carrier Services
5707 MacCorkle Avenue SE - P.O. Box 17900
Charleston, WV 25317

Telephone (304) 926-0799 FAX (304) 926-0797
For more information visit our web site at: www.wvdmv.gov

rtL275 v.2

STATE OF WEST VIRGINIA
DIVISION OF MOTOR VEHICLES
MOTOR CARRIER SERVICES
CHARLESTON 25317

FOR DEPARTMENT USE ONLY

CLASS BA:

Application for a Certificate of Title for a Motor Vehicle

TYPE OR PRINT IN BLUE OR BLACK INK

MAKE CHECKS PAYABLE TO DIVISION OF MOTOR VEHICLES

The owner(s) of the following vehicle make application for a certificate of title for that vehicle and for that purpose state the following:

NAME _____
(Name of purchaser to be written plainly and exactly as it is to appear on the Certificate of Title)

MAILING ADDRESS _____
Number Street City or Town County State Zip Code

VEHICLE DESCRIPTION

MAKE _____ YEAR _____ V. I. N. _____

STYLE OF BODY _____ WEIGHT _____ TRUCKS Requested (GVW) _____

Title Brands: ☐ SALVAGE ☐ RECONSTRUCTED ☐ OTHER: _____

Purchase Price \$ _____ Trade-in \$ _____ Net Cost \$ _____ 5% Sales Tax _____
(Credit allowed only on vehicles registered in West Virginia and the tax paid thereon by applicant)

TRADE-IN DESCRIPTION

1) _____
MAKE YEAR SERIAL NO. WEST VIRGINIA TITLE NUMBER

LIENS AND ENCUMBRANCES

1	Name _____	Amount _____
	Mailing Address _____	Kind of Lien _____ Date _____
	Street City State Zip Code	C/S/C D/T S/A
2	Name _____	Amount _____
	Mailing Address _____	Kind of Lien _____ Date _____
	Street City State Zip Code	C/S/C D/T S/A

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that the statements made are true and correct to the best of my knowledge and belief under penalty of false swearing. West Virginia Motor Vehicle Law § 17A-9-1 : Fraudulent Applications.

Effective date of insurance policy: From _____ To _____

Name of Insurance Company _____

Name of Insurance Agent _____

Insurance Policy Number _____

TITLE APPLICATION MUST BE SIGNED BY OWNER

If Title reads "AND" Both Signatures of Owners Must Appear

OWNER'S SIGNATURE

OWNER'S SIGNATURE

INSURANCE MUST BE IN EFFECT WHEN APPLICATION RECEIVED.

DEALER CERTIFICATION

This is to certify that the above described vehicle was acquired from _____ on month _____ day _____ year _____ and sold to the above named purchaser on month _____ day _____ year _____.

The undersigned dealer further Certifies that the sale price, trade-in and net cost are true and correct and that the Federal Odometer Regulation has been satisfied. Federal Regulations Require you to State the Odometer Mileage Upon Transfer of Ownership.

I certify to the best of my knowledge that the odometer reading is _____ and reflects the actual mileage of the vehicle unless one of the following statements is checked:

- ☐ 1. Mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage - **WARNING-ODOMETER DISCREPANCY.**

Dealer Name _____

Address _____

Signature (X) _____

Dealer Number _____

INFORMATION

Print in ink or type

Mail check or money order
Make payable to DMV

DO NOT MAIL CASH

Any check that is not honored for payment will result in a \$10.00 service charge.

Be certain you have completed the application, including your signature.

If the vehicle is titled in another state, the title must accompany this application.

All titles with liens are mailed directly to the lienholder.

Be sure to include your Zip Code and Zip Code of lienholder.

Statement of insurance must be submitted with each application for motor vehicle registration.

FEES

\$10.00 for title	\$ _____
\$5.00 for lien	\$ _____
5% Sales Tax (Over 55,000 lbs. Exempt)	\$ _____
TOTAL	\$ _____

* Credit on trade-in allowed only for vehicles registered in West Virginia and taxes paid thereon by applicant.

For additional information call 304-558-4448, 304-558-3629, or toll-free 1-800-642-9066

Mail to:

Motor Carrier Services
Division of Motor Vehicles
PO Box 17900
Charleston, West Virginia 25317

International Registration Plan (IRP) applicants must provide the actual distance that the Registered fleet travelled during the reporting period upon registration.

If the fleet did **not** travel any distance during the reporting period, applicants must use the **Average Per Vehicle Distance** as indicated below and fees will be calculated based on the chart averages below for each jurisdiction.

ABBR.	JURISDICTION	MILES	ABBR.	JURISDICTION	MILES
AB	<i>Alberta</i>	110	ND	<i>North Dakota</i>	763
AK	<i>Alaska</i>		NE	<i>Nebraska</i>	415
AL	<i>Alabama</i>	462	NF	<i>Newfoundland</i>	1,168
AR	<i>Arkansas</i>	707	NH	<i>New Hampshire</i>	38
AZ	<i>Arizona</i>	527	NJ	<i>New Jersey</i>	469
BC	<i>British Columbia</i>	185	NM	<i>New Mexico</i>	496
CA	<i>California</i>	469	NS	<i>Nova Scotia</i>	558
CO	<i>Colorado</i>	325	NT	<i>Northwest Territories</i>	
CT	<i>Connecticut</i>	429	NV	<i>Nevada</i>	109
DC	<i>District of Columbia</i>	6	NY	<i>New York</i>	527
DE	<i>Delaware</i>	137	OH	<i>Ohio</i>	4,277
FL	<i>Florida</i>	654	OK	<i>Oklahoma</i>	525
GA	<i>Georgia</i>	765	ON	<i>Ontario</i>	1,047
IA	<i>Iowa</i>	387	OR	<i>Oregon</i>	279
ID	<i>Idaho</i>	266	PA	<i>Pennsylvania</i>	4,749
IL	<i>Illinois</i>	870	PE	<i>Prince Edward Island</i>	7
IN	<i>Indiana</i>	1,481	QC	<i>Quebec</i>	398
KS	<i>Kansas</i>	398	RI	<i>Rhode Island</i>	65
KY	<i>Kentucky</i>	3,013	SC	<i>South Carolina</i>	1,265
LA	<i>Louisiana</i>	390	SD	<i>South Dakota</i>	181
MA	<i>Massachusetts</i>	281	SK	<i>Saskatchewan</i>	82
MB	<i>Manitoba</i>	111	TN	<i>Tennessee</i>	1,291
MD	<i>Maryland</i>	2,367	TX	<i>Texas</i>	1,448
ME	<i>Maine</i>	129	UT	<i>Utah</i>	193
MI	<i>Michigan</i>	473	VA	<i>Virginia</i>	4,607
MN	<i>Minnesota</i>	192	VT	<i>Vermont</i>	59
MO	<i>Missouri</i>	542	WA	<i>Washington</i>	308
MS	<i>Mississippi</i>	319	WI	<i>Wisconsin</i>	438
MT	<i>Montana</i>	478	WV	<i>West Virginia</i>	19,205
MX	<i>Mexico</i>		WY	<i>Wyoming</i>	446
NB	<i>New Brunswick</i>	816	YT	<i>Yukon</i>	
NC	<i>North Carolina</i>	1,899			

**** The totals above are per each vehicle of the fleet.**

**** IRP distance totals will be calculated by the number of vehicles per jurisdiction.**

5707 MacCorkle Avenue, SE
PO Box 17900
Charleston, WV 25317

(304) 926-3905
(304) 926-0799
(304) 926-0797
DMVIRP@wv.gov

DMV IRP 001

SCHEDULE A

REVISED 07/2015

ORIGINAL APPLICATION

West Virginia

dmv

Keeping West Virginia on the move.

WEST VIRGINIA IRP

West Virginia DMV Motor Carriers Unit

5707 MacCorkle Avenue, SE

PO Box 17900

Charleston, WV 25317

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DMVIRP@wv.gov

1	ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	LICENSE YEAR	CLUB/LICENSE SERVICE USE ONLY					CARRIER CONTACT INFORMATION (NOT FOR LICENSE SERVICE CLUB USE)						
	CLUB LICENSE SERVICE NAME															
	NAME OF REGISTRANT					AGENT		TELEPHONE		REGISTRANT TELEPHONE NO.						
						DOING BUSINESS AS					MAILING ADDRESS					NAME OF CONTACT
	PHYSICAL LOCATION <i>No Rural Routes or P.O. Boxes</i>										CITY		STATE	ZIP CODE	ADDRESS	
ADDRESS						ADDRESS					CITY		STATE			
CITY					STATE		ZIP CODE					COUNTY				
ZIP CODE		COUNTY			CITY											
DOT		F. E. I. N.			ZIP CODE		COUNTY			EMAIL ADDRESS						

2

CODE KEY

TYPE OF OPERATION

EX - EXEMPT

PC - PRIVATE CARRIER

HH - HAUL FOR HIRE

TYPE OF FUEL

D - DIESEL

P - PROPANE

G - GASOLINE

O - OTHER
(BIO-FUEL, CNG, LPG, HYBRID, ELECTRIC, ETC.)

TYPE OF VEHICLE

TT - TRUCK TRACTOR

TR - TRACTOR

TK - TRUCK

RT - ROAD TRACTOR

DT - DUMP TRUCK

BS - BUS

3	FLEET INFO	TYPE OF OPERATION <i>See Code Key</i>	PRIMARY PURPOSE OF FLEET				DATE FIRST OPERATED AS A FLEET		/ /		NUMBER OF REGISTRATION MONTHS	FUEL TYPE <i>See Code Key</i>
---	------------	--	--------------------------	--	--	--	--------------------------------	--	-----	--	-------------------------------	----------------------------------

4	OPERATIONAL JURISDICTIONS & WEIGHTS					UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE LISTED FOR ALL JURISDICTIONS.								PROVIDE GROUP NUMBER					
ALBERTA (AB)		ALASKA (AK)		ALABAMA (AB)		ARKANSAS (AK)		ARIZONA (AZ)		BRITISH COLUMBIA (BC)		CALIFORNIA (CA)		COLORADO (CO)		CONNECTICUT (CT)		DISTRICT OF COLUMBIA (DC)	
DELAWARE (DE)		FLORIDA (FL)		GEORGIA (GA)		HAWAII (HI)		IOWA (IA)		IDAHO (ID)		ILLINOIS (IL)		INDIANA (IN)		KANSAS (KS)		KENTUCKY (KY)	
LOUISIANA (LA)		MASSACHUSETTS (MA)		MANITOBA (MB)		MARYLAND (MD)		MAINE (ME)		MICHIGAN (MI)		MINNESOTA (MN)		MISSOURI (MO)		MISSISSIPPI (MS)		MONTANA (MT)	
MEXICO (MX)		NEW BRUNSWICK (NB)		NORTH CAROLINA (NC)		NORTH DAKOTA (ND)		NEBRASKA (NE)		NEW FOUNDLAND (NL)		NEW HAMPSHIRE (NH)		NEW JERSEY (NJ)		NEW MEXICO (NM)		NOVA SCOTIA (NS)	
NORTH WEST TERRITORY (NT)		NUNAVUT (NU)		NEVADA (NV)		NEW YORK (NY)		OHIO (OH)		OKLAHOMA (OK)		ONTARIO (ON)		OREGON (OR)		PENNSYLVANIA (PA)		P.E. ISLAND (PE)	
QUEBEC (QC)		RHODE ISLAND (RI)		SOUTH CAROLINA (SC)		SOUTH DAKOTA (SD)		SASKATCHEWAN (SK)		TENNESSEE (TN)		TEXAS (TX)		UTAH (UT)		VIRGINIA (VA)		VERMONT (VT)	
WASHINGTON (WA)		WISCONSIN (WI)		WEST VIRGINIA (WV)		WYOMING (WY)		YUKON (YT)											

5	COMMERCIAL VEHICLE INFO					IF LONG TERM LEASING (31 DAYS OF MORE) TO A MOTOR CARRIER, PLACE THE LESSEE'S TAX IDENTIFICATION NUMBER IN BOX 17 AND DOT NUMBER IN BOX 18, AND SUBMIT A COPY OF THE LEASE AGREEMENT WITH THIS APPLICATION. USE THE CODE KEY FOR BOXES 5 AND 7.																
UNIT ONE	1	EQUIPMENT NUMBER	2	VEHICLE IDENTIFICATION NUMBER			3	YEAR	4	MAKE	5	VEHICLE TYPE	6	AXLES/SEATS	7	FUEL TYPE	8	EMPTY WEIGHT	9	GROSS WEIGHT		
	10	PURCHASE PRICE		11	FACTORY PRICE		12	TITLE DATE / /	13	LEASE DATE / /		14	PLATE NUMBER		15	OWNER				16	OWNERSHIP INFORMATION	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN
	17	LESSEE TAX ID NUMBER			18	DOT NUMBER			19	TITLE NUMBER		20	WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				21	PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /				
UNIT TWO	1	EQUIPMENT NUMBER	2	VEHICLE IDENTIFICATION NUMBER			3	YEAR	4	MAKE	5	VEHICLE TYPE	6	AXLES/SEATS	7	FUEL TYPE	8	EMPTY WEIGHT	9	GROSS WEIGHT		
	10	PURCHASE PRICE		11	FACTORY PRICE		12	TITLE DATE / /	13	LEASE DATE / /		14	PLATE NUMBER		15	OWNER				16	OWNERSHIP INFORMATION	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN
	17	LESSEE TAX ID NUMBER			18	DOT NUMBER			19	TITLE NUMBER		20	WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				21	PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /				
UNIT THREE	1	EQUIPMENT NUMBER	2	VEHICLE IDENTIFICATION NUMBER			3	YEAR	4	MAKE	5	VEHICLE TYPE	6	AXLES/SEATS	7	FUEL TYPE	8	EMPTY WEIGHT	9	GROSS WEIGHT		
	10	PURCHASE PRICE		11	FACTORY PRICE		12	TITLE DATE / /	13	LEASE DATE / /		14	PLATE NUMBER		15	OWNER				16	OWNERSHIP INFORMATION	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN
	17	LESSEE TAX ID NUMBER			18	DOT NUMBER			19	TITLE NUMBER		20	WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				21	PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /				

6	INSURANCE INFORMATION & REGISTRANT CERTIFICATION					I HEREBY STATE, UNDER PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTERS 17A AND 17D, THAT THERE IS A VALID A MOTOR VEHICLE LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. FURTHERMORE, I CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.					(X)	AUTHORIZED SIGNATURE					TITLE												
						INSURANCE POLICY START DATE / /					INSURANCE POLICY END DATE / /					INSURANCE COMPANY					AGENT NAME					POLICY NUMBER			

1

REGISTRANT INFORMATION

ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	LICENSE YEAR
NAME OF REGISTRANT			
DOING BUSINESS AS			
PHYSICAL LOCATION <i>No Rural Routes or P.O. Boxes</i>			
ADDRESS			
CITY			STATE
ZIP CODE		COUNTY	
CONTACT NUMBER			
EMAIL ADDRESS			

2

SCHEDULE OF FLEET MILEAGE PER PERIOD

JULY 1, 20____ THROUGH JUNE 30, 20____

⚠

DO NOT COMBINE THE MILES OF ANY TWO OR MORE JURISDICTIONS

3

DURING THE MILEAGE BASE PERIOD MY FLEET HAD

☐ No actual mileage for the IRP jurisdictions listed below and I agree to use the **WEST VIRGINIA AVERAGE MILEAGE CHART** (Skip part 4 below)

☐ Actual mileage in one or more of the jurisdictions listed below (Complete part 4 below)

MILEAGE SCHEDULE

IRP 002 - SCHEDULE B
REVISED 07/2015

West Virginia

dmv

Keeping West Virginia on the move.

WEST VIRGINIA IRP

West Virginia DMV Motor Carriers Unit

5707 MacCorkle Avenue, SE

PO Box 17900

Charleston, WV 25317

📞 (304) 926-3905

📠 (304) 926-0799

📠 (304) 926-0797

💻 DMVIRP@wv.gov

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REPORT THE ACTUAL MILEAGE FOR EACH JURISDICTION BELOW. IRP MEMBERS ARE RED BELOW, AND NON IRP MEMBERS ARE LISTED IN BLACK.

JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE
ALBERTA (AB)		INDIANA (IN)		NEBRASKA (NE)		RHODE ISLAND (RI)	
ALASKA (AK)		KANSAS (KS)		NEWFOUNDLAND (NL)		SOUTH CAROLINA (SC)	
ALABAMA (AL)		KENTUCKY (KY)		NEW HAMPSHIRE (NH)		SOUTH DAKOTA (SD)	
ARKANSAS (AR)		LOUISIANA (LA)		NEW JERSEY (NJ)		SASKATCHEWAN (SK)	
ARIZONA (AZ)		MASSACHUSETTS (MA)		NEW MEXICO (NM)		TENNESSEE (TN)	
BRITISH COLUMBIA (BC)		MANITOBA (MB)		NOVA SCOTIA (NS)		TEXAS (TX)	
CALIFORNIA (CA)		MARYLAND (MD)		NW TERRITORY (NT)		UTAH (UT)	
COLORADO (CO)		MAINE (ME)		NUNAVUT (NU)		VIRGINIA (VA)	
CONNECTICUT (CT)		MICHIGAN (MI)		NEVADA (NV)		VERMONT (VT)	
DISTRICT OF COLOMBIA (DC)		MINNESOTA (MN)		NEW YORK (NY)		WASHINGTON (WA)	
DELAWARE (DE)		MISSOURI (MO)		OHIO (OH)		WISCONSIN (WI)	
FLORIDA (FL)		MISSISSIPPI (MS)		OKLAHOMA (OK)		WEST VIRGINIA (WV)	
GEORGIA (GA)		MONTANA (MT)		ONTARIO (ON)		WYOMING (WY)	
HAWAII (HI)		MEXICO (MX)		OREGON (OR)		YUKON (YT)	
IOWA (IA)		NEW BRUNSWICK (NB)		PENNSYLVANIA (PA)		TOTAL ACTUAL MILEAGE	
IDAHO (ID)		NORTH CAROLINA (NC)		P.E. ISLAND (PE)			
ILLINOIS (IL)		NORTH DAKOTA (ND)		QUEBEC (QC)			

5

AUTHORIZED SIGNATURE (X)

TITLE	DATE
-------	------

NOTES

West Virginia Department of Transportation

Division of Motor Vehicles

IRP Affidavit of Renewal Procedures



Phone: (304) 926-0799

Fax: (304) 926-0797

IMPORTANT NOTICE ABOUT AFFIDAVIT OF RENEWAL PROCEDURES

I have been advised by the International Registration Plan staff and understand that if I **DO NOT** wish to renew my account during the renewal period (May 15th through July 15th) for active accounts, I must **IMMEDIATELY** do the following:

1. Return my renewal form (computer-generated copy) to the IRP office. On the renewal form, I am to write the words "**CANCEL CARRIER**" and I am to sign and date the form.
2. Return **ALL** apportioned license plates and cab cards.

I understand that I must return the items listed above by July 15th. If I fail to return the credentials and decide to renew later in the year, I will be assessed registration fees based on a full twelve (12) months.

Registrant Information - Print Only

Carrier Account Number _____ Date ____/____/____

Name of Registrant _____ Daytime Phone (____) ____ - ____

Address _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

(X) _____
SIGNATURE OF AUTHORIZED REPRESENTATIVE TITLE

West Virginia Department of Transportation

Division of Motor Vehicles

IRP Mileage Audit Record Information



Phone: (304) 926-0799

Fax: (304) 926-0797

IMPORTANT NOTICE ABOUT MILEAGE AUDIT RECORD INFORMATION

THE INTERNATIONAL REGISTRATION PLAN (IRP) is a multi-jurisdictional agreement that allows registrants to prorate registration fees by mileage.

YOU ARE HEREBY NOTIFIED that you must maintain mileage records for each vehicle and for each registration period that you participate in the IRP Program. Failure to do so could cause the payment of full West Virginia fees and/or termination of IRP privileges. In addition, any jurisdiction in which you operate may, at their discretion, assess full registration fees.

REGISTRANTS MUST KEEP RECORDS on five (5) previous registrations at all times (if not in the program that long, all records must be kept). These records are to be made available for audit during normal business hours upon request. Mileage to be recorded includes all miles operated by the vehicles registered in the program, no minimum requirements exist. See your IRP booklet for information on record keeping and audits, including the six (6) mandatory categories of data. For additional information, you may call the IRP Office at 304-926-0799.

FAILURE TO MAINTAIN RECORDS CAN RESULT IN A FULL FEE ASSESSMENT AND/OR TERMINATION OF IRP PRIVILEGES.

Registrant Information - Print Only

AFTER READING THIS DOCUMENT, complete and sign the following section and return the **top copy** to the IRP office in an enclosed self-addressed envelope. The **bottom copy** is for your files.

IRP Account Number _____ Date ____/____/____

Name of Registrant _____ Daytime Phone (____) ____-____

Address _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

(X) _____
SIGNATURE OF REGISTRANT TITLE